Advanced Technology Laboratories

CLIENT:	Department of Toxic Substances Control	
Project:	ATV5910	**Work Order Sample Summary**
Lab Order:	081137	
Contract No:	05-T2888	

Lab Sample ID	Client Sample ID	Matrix	Collection Date	Date Received	Date Reported
081137-001A	EE-1	Water	1/5/2006	1/9/2006	1/10/2006

Advanced Technology Laboratories

Date: *10-Jan-06*

CLIENT:	Department of Toxic Substances Control
Project:	ATV5910
Lab Order:	081137

CASE NARRATIVE

Analytical Comments for Method 314

Dilution was necessary for sample 081137-001A, due to sample matrix.

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Advanced Technology Laboratories

Date: *10-Jan-06*

CLIENT:	Department of Toxic Substances Control
Project:	ATV5910

Lab Order: 081137

Lab ID: 081137-001

Collection Date: 1/5/2006 12:10:00 PM

Client Sample ID: EE-1

Matrix: WATER

Analyte	Result	PQL	Qual	Units	DF	Date Analyzed

PERCHLORATE BY ION CHROMATOGRAPHY

EPA 314.0

RunID: IC3_060110A   QC Batch: R57993   PrepDate: Analyst: **JT**

Analyte	Result	PQL	Qual	Units	DF	Date Analyzed
Perchlorate	ND	4.0		µg/L	2	1/10/2006

Advanced Technology Laboratories

Date: *10-Jan-06*

CLIENT: Department of Toxic Substances Control
Work Order: 081137
Project: ATV5910

ANALYTICAL QC SUMMARY REPORT

TestCode: 314_W

| Sample ID: **MB-R57993** | SampType: **MBLK** | TestCode: **314_W** | Units: **µg/L** | Prep Date: | Run ID: **IC3_060110A** |
| Client ID: **ZZZZZ** | Batch ID: **R57993** | TestNo: **EPA 314.0** | | Analysis Date: **1/10/2006** | SeqNo: **857862** |

Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Perchlorate	ND	2.0									

| Sample ID: **LCS-R57993** | SampType: **LCS** | TestCode: **314_W** | Units: **µg/L** | Prep Date: | Run ID: **IC3_060110A** |
| Client ID: **ZZZZZ** | Batch ID: **R57993** | TestNo: **EPA 314.0** | | Analysis Date: **1/10/2006** | SeqNo: **857861** |

Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Perchlorate	24.61	2.0	25	0	98.4	85	115	0	0		

| Sample ID: **081137-001AMS** | SampType: **MS** | TestCode: **314_W** | Units: **µg/L** | Prep Date: | Run ID: **IC3_060110A** |
| Client ID: **EE-1** | Batch ID: **R57993** | TestNo: **EPA 314.0** | | Analysis Date: **1/10/2006** | SeqNo: **857859** |

Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Perchlorate	17.8	4.0	20	0	89	80	120	0	0		

| Sample ID: **081137-001AMSD** | SampType: **MSD** | TestCode: **314_W** | Units: **µg/L** | Prep Date: | Run ID: **IC3_060110A** |
| Client ID: **EE-1** | Batch ID: **R57993** | TestNo: **EPA 314.0** | | Analysis Date: **1/10/2006** | SeqNo: **857860** |

Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Perchlorate	18.37	4.0	20	0	91.9	80	120	17.8	3.14	15	

| Sample ID: **081137-001ADUP** | SampType: **DUP** | TestCode: **314_W** | Units: **µg/L** | Prep Date: | Run ID: **IC3_060110A** |
| Client ID: **EE-1** | Batch ID: **R57993** | TestNo: **EPA 314.0** | | Analysis Date: **1/10/2006** | SeqNo: **857858** |

Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Perchlorate	ND	4.0	0	0	0	0	0	0	0	15	

Qualifiers:

ND - Not Detected at the Reporting Limit	S - Spike Recovery outside accepted recovery limits	DO- Surrogate dilute out
J - Analyte detected below quantitation limits	B - Analyte detected in the associated Method Blank	H - Sample exceeded holding time
R - RPD outside accepted recovery limits	**Calculations are based on raw values**	*Page 1 of 1*

CHAIN OF CUSTODY RECORD

Advanced Technology Laboratories

3275 Walnut Avenue
Signal Hill, CA 90755
(562) 989-4045 • Fax (562) 989-4040

P.O.#: _____

Logged By: _Om_   Date: _010904_

FOR LABORATORY USE ONLY:

Method of Transport
- Client ☑
- ATL ☐
- CA OverN ☐
- FEDEX ☐
- Other: _____

Sample Condition Upon Receipt
1. CHILLED	Y☑ N☐	4. SEALED Y☐ N☑
2. HEADSPACE (VOA)	Y☐ N☑	5. # OF SPLS MATCH COC Y☑ N☐
3. CONTAINER INTACT	Y☑ N☐	6. PRESERVED Y☐ N☑

Client: DTSC - GLENDALE
Attn: JOHN NAGINIS

Address: 1011 NORTH GRANDVIEW AVE
City: GLENDALE State: CA Zip Code: 91201
TEL: (818) 551-2194
FAX: (818) 551-2944

Project Name: CENTEX Project #: 301270
Sampler: (Printed Name) JOHN NAGINIS (Signature) John Naginis

Relinquished by: (Signature and Printed Name)	Date	Time	Received by: (Signature and Printed Name)	Date	Time
JOHN NAGINIS John Naginis	1-09-06	1350	John Naginis	010906	1350

I hereby authorize ATL to perform the work indicated below:
Project Mgr /Submitter:

JOHN NAGINIS 1-09-06
Print Name   Date

John Naginis
Signature

Send Report To:
Attn: JOHN NAGINIS
Co: CAL EPA - DTSC
Address: 1011 N. GRANDVIEW
City: GLENDALE State: CA Zip: 91201

Bill To:
Attn: _____
Co: _____
Address: _____
City: _____ State: _____ Zip: _____

Special Instructions/Comments:

Sample/Records- Archival & Disposal
Unless otherwise requested by client, all samples will be disposed 45 days after receipt and records will be disposed 1 year after submittal of final report.

Storage Fees (applies when storage is requested):
- Sample : $2.00 / sample / mo (after 45 days)
- Records : $1.00 / ATL workorder / mo (after 1 year)

ITEM	LAB USE ONLY: Batch #: Lab No.	Sample Description — Sample I.D. / Location	Date	Time	8081A (Pesticides)	8082 (PCB)	8260B (Volatile)	8270C (BNA)	6010B (Total Metal)	8015B (GRO) / 8020 (BTEX)	8015B (DRO)	8021 (BTEX)	TITLE 22 / CAM 17 (6010 / 7000)	PERCHLORATE					SOIL	WATER	GROUND WATER	WASTEWATER			TAT	#	Type	PRESERVATION	QA/QC OTHER / REMARKS
	081137-001	EE-1	1-25 2006	1210										X						X									

QA/QC
- RTNE ☐
- CT ☐
- SWRCB ☐
- Logcode

- TAT starts 8 a.m. following day if samples received after 3 p.m.

TAT: A=	Overnight ≤ 24 hr	B=	Emergency Next workday	C=	Critical 2 Workdays	D=	Urgent 3 Workdays	E=	Routine 7 Workdays

Container Types: T=Tube V=VOA L=Liter P=Pint J=Jar B=Tedlar G=Glass P=Plastic M=Metal

Preservatives:
H=Hcl N=HNO₃ S=H₂SO₄ C=4°C
Z=Zn(AC)₂ O=NaOH T=Na₂S₂O₃

DISTRIBUTION: **White** with report, **Yellow** to folder, **Pink** to submitter.

HAZARDOUS MATERIALS SAMPLE ANALYSIS REQUEST

1. Authorization Number
A T V 5 9 1 0

HML No.		2. Page
To		1 of 3

3. REQUESTOR: John Naginis

4. Phone (818) 551-2194

6. FAX (818) 551-2944

5. ADDRESS (To Receive Results)

1011 No. Grandview Avenue

Glendale, California 91201

7. TAT Level: (check one)

☐	☒	☐	☐
*1	2	3	4

* Unit Chief's Signature

8. DATE SAMPLED: 5-Jan-06

10. ACTIVITY: ☐ SCD ☐ SRPD ☐ CIB ☒ SMB ☐ FPB ☐ SPPT ☐ Others

11. SAMPLING LOCATION

a. EPA ID No.

b. Site **Centex Homes**

c. Address **Roscoe Blvd., West Hills, CA**

Number — Street — City — ZIP

9. Codes (fill in all applicable codes)

a. Office	0	3					
b. INDEX	5	6	0	0			
c. PCA	1	2	0	2	0		
d. MPC							
e. SITE	3	0	1	2	7	0 – 1	1
f. County	1	9					

12. SAMPLES:

a. ID	b. Collector's No.	c. HML No.	d. Type (Sample)	e. Type (Container)	f. Size	g. Field Information
A	E E - 1		Water	Plastic	8 oz.	East End of Dayton Creek
B						
C						
D						
E						
F						

13. ANALYSIS REQUESTED: (X desired analysis and enter I.Ds from 12.a.)

INORGANIC ANALYSIS	Sample(s) ID
pH	
Metals Scan (6010)	
Metal(s) Specific	
WET	
Cyanides	
Perchlorate (others, write in)	A
(others, write in)	
TCLP Analysis (only if necessary) (do TCLP regardless)	
Metals	
Mercury	
Volatiles	
Semivolatiles	
(others, write in)	

ORGANIC ANALYSIS	Sample(s) ID
CL-Pesticides (8081)	
OP-Pesticides (8141)	
PCBs (8082)	
G R O (8015B)	
D R O / Motor Oil / Both (circle one)	
n-Hexane Extractables (1664)	
Flash Point (1020)	
VOCs Including BTEX (8260)	
VOCs - LO Level (5035)	
VOCs - HI Level (5035)	
SVOCs (8270)	
PAHs (8270)	
Explosives (8330)	
Dioxins (others, write in)	

14. ANALYSIS OBJECTIVE: (check a box)

☐ Waste Characterization

☒ Drinking H₂O Standards (applies to DW only)

☐ Treatment Standards

☐ Others (contact Lab supervisors first)

15. DETECTION LIMIT REQUIREMENTS: (specify if known and contact lab) Detection of Perchlorate in surface water.

16. SUPPLEMENTAL REQUESTS

Initials _____

Date _____

17. LAB REMARKS: Sample A may have high prechlorate conentrations

18. CHAIN OF CUSTODY:

Signature(s)	Name(s) / Title (s)	Inclusive Dates of Custody
a. *John Naginis*	*John Naginis/ Senior Geologist*	1/05/2006 to 1/09/2006
b.	BMaipantk/ An	01/09/06 1350 to
c.		to
d.		to

DTSC 1116H (REV 6/00)

Make Photocopies for your File

NLY

Hazardous Materials Laboratory   (Check if Supplemental Request)

AUTHORIZATION REQUEST FORM (ARF)

PART A : (By Requestor - PLEASE PRINT)   **TAT Level :**   [ ]   [X]   [ ]   [ ]

(check one)   **1**   **2**   **3**   **4**

Requestor's Name	John Neginis	Phone (818) 551 · 2194
Region/Unit	Glendale; Region 3, Geologic Services Unit	FAX (818) 551 · 2944
BACK-UP REQUESTOR	Jose Diaz	Phone (818) 551 · 2171
SITE:	Former Whittaker Bermite Facility	

PART B: Analytical Requests   (By Requestor)   (Lab uses default methods listed below, ALL other requests please specify)

Inorganic Analysis	Solid	Liquid	Water	Other	Organic Analysis	Solid	Liquid	Water	Other
pH					CL-Pest (8081)				
Metals Scan (6010)					OP-Pest (8141)				
Metal(s) Specific:					PCBs (8082)				
WET					G R O (8015B)				
Cyanides					D R O / Motor Oil / Both				
Perchlorate (others, write in)	8		4		n-Hexane Extractables (1664)				
(others, write in)					Flash Point (1020)				
TCLP Analysis ** [ ]			[ ]		VOCs including BTEX (8260)				
(see footnotes) (only if requested) (into TCLP requested)					SVOCs (8270)				
Metals					PAHs (8270)				
Mercury					(others, write in)				
Volatiles					(others, write in)				
Semivolatiles					(others, write in)				
(class, write in)					(others, write in)				

Analysis Objective: [ ] Drinking H₂O Standards (applies to DW only)   [ ] Treatment Standards (specify analytes & level sinco)

(check box) [ ] Waste Characterization   [X] Others (contact Lab supervisor if needed)

Detection Limit Requirements: (must be shown on SAR also)

(specify & contact Lab supervisors)

Need analysis to determine if Perchlorate is present in soil.

Expected Date of Sample Arrival at Lab   [0] [1] [0] [6] [0] [6]

PART C : (By STO - HML)

Authorization Number (AN)   [A] [T] [V] [5 9] [/] [0] [ ] [ ]   **ARF's** Revision No. [ ] [ ]

Lab to Receive Sample(s)   Advanced Technology Labs
3275 Walnut Avenue
Signal Hill, CA 90807
Att: Diane Galvin (562)989-4045   [ ]

Sample Tracking Officer (STO)   Marty Smith 510 849-5258   Check box if cancelled

Today's Date: [0] [1] [0] [4] [0] [C]   Expiration Date   [0] [1] [1] [6] [0] [6]

TAT Level :   1 = 10-15 days (requires unit chief's signature on SAR)   2 = 16 - 30 days   3 = 31 - 45 days   4 = when possible

TCLP : If SRM perm to sample matrix type is appropriate Lab may perform a TTLC or screening test on the sample(s) first to determine if TCLP is needed. PAHs by R310 (LC) and BTEX by 8021 (GC/PID) may produce lower DLs for some matrices. (See HML users manual for DL comparisons)   3/99R